

01-24-01

A/RE

Please type a plus sign (+) inside this box → ☐

PTO/SB/50 (08-00)

Approved for use through 12/30/2000 OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
Box Reissue  
Washington, DC 20231

Attorney Docket No.	GR 96 P 4058
First Named Inventor	Frank Meyer, Güldner
Original Patent Number	6,014,476
Original Patent Issue Date (Month/Day/Year)	01/11/2000
Express Mail Label No.	EL758651525US

### APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

### APPLICATION ELEMENTS (37 CFR 1.173)

- ☒ Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
- Original U.S. Patent currently assigned?  
☒ Yes ☐ No  
(If Yes, check applicable box(es))  
☐ Written Consent of all Assignees (PTO/SB/53)  
☒ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney (PTO/SB/96)

### ACCOMPANYING APPLICATION PARTS

- ☐ Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
- ☒ Original U.S. Patent for surrender  
☒ Ribboned Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
- ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration (if applicable)
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
- Other: .....

### 15. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label


24131

or ☐

Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name	Lerner and Greenberg, P.A.				
Address	P.O. Box 2480				
City	Hollywood	State	Florida	Zip Code	33022
Country		Telephone	954 925-1100	Fax	954 925-1101

NAME (Print/Type)	Lawrence A. Greenberg	Registration No. (Attorney/Agent)	29,308
Signature		Date	1/22/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

"Express Mail" mailing label number: EL758651525US  
Date of Deposit: January 22, 2001

Michael J. Burns  
MICHAEL J. BURNS

Date: January 22, 2001

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number.

**REISSUE APPLICATION FEE TRANSMITTAL FORM**Docket Number (Optional)  
GR 96 P 4059**Claims as Filed - Part 1**

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 6	Total Claims (37 CFR 1.16(j))	(B) 6	**** 0 =	x \$ _____ =		or	x \$ 18 =
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 1	* 0 =	x \$ _____ =			x \$ 80 =
Basic Fee (37 CFR 1.16(h))						\$ _____	\$ 710
Total Filing Fee						\$ _____	OR \$ 710

**Claims as Amended - Part 2**

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee						\$ _____	OR \$ _____	

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 12-1099.  
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 710.00 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**January 22, 2001  
Date

Signature of Applicant, Attorney or Agent of Record

Laurence A. Greenberg  
Typed or printed name